## AMENDED IN ASSEMBLY JANUARY 3, 2000 AMENDED IN ASSEMBLY APRIL 6, 1999

CALIFORNIA LEGISLATURE-1999-2000 REGULAR SESSION

## ASSEMBLY BILL

No. 497

## **Introduced by Assembly Member Gallegos**

February 18, 1999

An act to amend Section 14005.12 of the Welfare and Institutions Code, relating to health. repeal Section 1658.1 of the Business and Professions Code, relating to dentists.

## LEGISLATIVE COUNSEL'S DIGEST

AB 497, as amended, Gallegos. Medi-Cal: eligibility Dentists.

Existing law, the Dental Practice Act, requires the licensure of dentists by the Board of Dental Examiners. Existing law prohibits a dentist from establishing an additional place of practice unless specified requirements are met.

This bill would repeal the law prohibiting a dentist from establishing an additional place of practice unless specified requirements are met.

Existing law provides for the Medi-Cal program, administered by the State Department of Health Services, under which qualified low-income persons are provided with health care services. Existing law establishes income eligibility levels for those persons not automatically eligible for Medi-Cal by virtue of eligibility for certain public assistance programs.

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This bill would, on January 1, 2000, and on each January 1 thereafter, increase these levels in a specified manner.

This bill would also establish certain income deductions for needy families and aged, blind, and disabled persons qualifying for Medi-Cal eligibility benefits as medically needy recipients.

This bill would make implementation of its provisions subject to the availability of federal financial participation, and would require the department to seek any necessary federal approvals for its implementation.

Since each county is required to determine Medi-Cal eligibility, and since the bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: <u>yes</u> *no*. State-mandated local program: <u>yes</u> *no*.

*The people of the State of California do enact as follows:* 

- 1 SECTION 1. Section 14005.12 of the Welfare and
- 2 SECTION 1. Section 1658.1 of the Business and 3 Professions Code is repealed.
- 4 1658.1. On or after September 21, 1963, no dentist
- 5 shall be granted permission for an additional place of
- 6 practice, except that a dentist may be granted permission
- 7 for more than one place of practice if he is in personal
- 8 attendance at each place of practice at least 50 percent of
- 9 the time during which such places of practice are open for
- 10 the practice of dentistry.

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**Institutions Code is amended to read:** 

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14005.12. (a) (1) For the purposes of Sections 14005.4 and 14005.7, the department shall establish the income levels for maintenance need at the levels that reasonably permit medically needy persons to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will be maximized under Title XIX of the federal Social Security Act. It is the intent of the Legislature that the income levels for maintenance need for medically needy aged, blind, and disabled adults, in particular, shall be based upon amounts that adequately reflect their needs.

- (2) (A) Reductions in the maximum aid payment 14 levels set forth in subdivision (a) of Section 11450 in the 1991-92 fiscal year, and thereafter, shall not result in a reduction in the income levels for maintenance under this section.
  - (B) The department shall seek any necessary federal authorization for maintaining the income levels for maintenance at the levels in effect June 30, 1991.
  - (C) If federal authorization is not obtained, medically needy persons shall not be required to pay the difference between the share of cost as determined based on the payment levels in effect on June 30, 1991, under Section 11450, and the share of cost as determined based on the payment levels in effect on July 1, 1991, and thereafter.
- (D) Any medically needy person who was eligible for benefits under this chapter as categorically needy for the calendar month immediately preceding the effective date of the reductions in the minimum basic standards of adequate care for the Aid to Families with Dependent Children program as set forth in Section 11452.018 made in the 1995-96 Regular Session of the Legislature shall not 34 be responsible for paying his or her share of cost if all of the following apply:
  - (i) He or she had eligibility as categorically needy terminated by the reductions in the minimum basic standards of adequate care.

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(ii) He or she, but for the reductions, would be eligible to continue receiving benefits under this chapter as categorically needy.

- (iii) He or she is not eligible to receive benefits without a share of cost as a medically needy person pursuant to subparagraph (A) or (B).
- (3) (A) The income levels for maintenance under this section in effect July 1, 1989, shall be increased on January 1, 2000, by a percentage equal to the intervening consumer price index increases but not more than 20 percent. On January 1 of each subsequent year, the income levels for maintenance under this section shall be increased by a percentage equal to the lesser of the 14 Consumer Price Index or the Social Security
  15 Cost-of-Living Allowance increases. The department shall seek any necessary federal approvals, including state plan amendments and federal waivers, for increasing the federal financial participation for all or part of the cost-of-living increases in the income levels for maintenance under this section.
  - (B) Any person qualifying for benefits under this chapter on the basis of age, blindness, or disability in accordance with Section 14005.7 shall be entitled to a special income deduction in an amount equal to the amount of income, if any, by which the SSI/SSP grants and nonexempt income allowed for the categorically needy exceeds the medically needy income level as set forth in subparagraph (A).
  - (C) Notwithstanding any other provision of law, the income of any person qualifying for benefits under this chapter as a medically needy family person pursuant to Section 14005.7 shall be subject to the same deductions provided to individuals who are recipients of services under Section 1396u-1 of Title 42 of the United States Code, including any options under Section 1396u-1(b)(2)(C) exercised by the state.
  - (D) The department shall seek any necessary federal approvals, including state plan amendments and waivers, for federal financial participation for the increases in the income levels for maintenance under this section.

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Subparagraphs (A) and (B) shall be implemented only to the extent federal financial participation is available for the increases in the medically needy income levels provided for in those subparagraphs.

- (b) Except as provided for in paragraphs (2) and (3) of subdivision (a), in the case of a single individual, the amount of the income level for maintenance per month shall be 80 percent of the highest amount that would ordinarily be paid to a family of two persons, without any income or resources, under subdivision (a) of Section 11450, multiplied by the federal financial participation rate.
- (c) Except as provided for in paragraphs (2) and (3) of subdivision (a), in the case of a family of two adults, the income level for maintenance per month shall be the highest amount that would ordinarily be paid to a family of three persons without income or resources under subdivision (a) of Section 11450, multiplied by the federal financial participation rate.
- (d) For the purposes of Sections 14005.4 and 14005.7, for a person in a medical institution or nursing facility, or for a person receiving institutional or noninstitutional services from an organization with a frail elderly demonstration project waiver pursuant to Chapter 8.75 (commencing with Section 14590), the amount considered as required for maintenance per month shall be computed in accordance with Title XIX of the federal Social Security Act, and regulations adopted pursuant thereto. Those amounts shall be computed pursuant to regulations which include providing for the following purposes:
- (1) Personal and incidental needs in the amount of not less than thirty-five dollars (\$35) per month while a patient. The department may, by regulation, increase this amount as necessitated by increasing costs of personal and incidental needs. A long-term health care facility shall not charge an individual for the laundry services or periodic hair care specified in Section 14110.4.
  - (2) The upkeep and maintenance of the home.

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(3) The support and care of his or her minor children, or any disabled relative for whose support he or she has contributed regularly, if there is no community spouse.

- (4) If the person is an institutionalized spouse, for the support and care of his or her community spouse, minor or dependent children, dependent parents, or dependent siblings of either spouse, provided the individuals are residing with the community spouse.
- (5) The community spouse monthly income allowance 10 shall be established at the maximum amount permitted in accordance with Section 1924(d)(1)(B) of Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396r-5(d)(1)(B)).
  - (6) The family allowance for each family member residing with the community spouse shall be computed in accordance with the formula established in Section 1924(d)(1)(C) of Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396r-5(d)(1)(C)).
  - (7) For any person who qualifies for health care benefits under Section 14005 on the basis of age, blindness, or disability pursuant to Sections 14005.4 and 14005.7, countable earned income shall be determined the same way it is determined under subdivision (a) of this section.
  - (8) In determining countable unearned income the department shall consider only available income and shall exclude mandatory deductions as well as fees and costs incurred in securing or accessing this income.
  - (9) The department shall seek any necessary federal approvals including state plan amendments for the deductions and offsets authorized in paragraphs (7) and (8). Paragraphs (7) and (8) shall be implemented only to the extent federal financial participation is available for health care benefits provided pursuant to Section 14005 after the deductions and offsets authorized in those paragraphs.
  - (e) For the purposes of Sections 14005.4 and 14005.7, with regard to a person in a licensed community care facility, the amount considered as required for maintenance per month shall be computed pursuant to

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regulations adopted by the department which provide for the support and care of his or her spouse, minor children, or any disabled relative for whose support he or she has contributed regularly.

- (f) Except as provided for in paragraphs (2) and (3) of subdivision (a), the income levels for maintenance per month, except as specified in subdivisions (b) to (d), inclusive, shall be equal to the highest amounts that would ordinarily be paid to a family of the same size without any income or resources under subdivision (a) of Section 11450, multiplied by the federal financial participation rate.
- 13 (g) The "federal financial participation rate," as used 14 in this section, shall mean 133<sup>1</sup>/<sub>3</sub> percent, or such other 15 rate set forth in Section 1903 of the federal Social Security 16 Act (42 U.S.C. Sec. 1396(b)), or its successor provisions.
  - (h) The income levels for maintenance per month shall not be decreased to reflect the presence in the household of persons receiving forms of aid other than Medi-Cal.
  - (i) When family members maintain separate residences, but eligibility is determined as a single unit under Section 14008, the income levels for maintenance per month shall be established for each household in accordance with subdivisions (b) to (h), inclusive. The total of these levels shall be the level for the single eligibility unit.
  - (j) The income levels for maintenance per month established pursuant to subdivisions (b) to (i), inclusive, shall be calculated on an annual basis, rounded to the next higher multiple of one hundred dollars (\$100), and then prorated.
  - SEC. 2. Notwithstanding Section 17610 of the Government Code, if the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code. If the statewide cost of the claim for reimbursement does not exceed one million

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- 1 dollars (\$1,000,000), reimbursement shall be made from 2 the State Mandates Claims Fund.